



COUNTY OF SAN BERNARDINO
STANDARD PRACTICE

NO 2-1.40

ISSUED 1/29/02

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BY Lee Russell

EFFECTIVE 7/91

APPROVED

DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

FAX-SENDING CONFIDENTIAL INFORMATION
BY FACSIMILE


Rudy Lopez, Director

I. PURPOSE

To insure that all information sent by Facsimile (FAX) is received by the correct party, protected for confidentiality, and is in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

II. POLICY

- A. Not all information to be FAXed will be medical record information, but all information to be FAXed must be treated with the same CONFIDENTIAL guidelines.
- B. Medical Records must be kept confidential, and the facility shall safeguard the information against "loss, defacement, tampering or use by unauthorized persons". Title 22, CA code of Regulations (CCR, Sections 70707 and 70751(b). Behavioral Health records are particularly sensitive and require special safeguard (W&I) code 5328 et seq.)
- C. FAX machines may be used to transmit confidential information, but reasonable care must be taken to assure the information reaches the correct destination, e.g., calling to confirm that the designated contact person is there to receive before information is transmitted.
- D. FAX CONFIDENTIAL / MEDICAL RECORD INFORMATION ONLY WHEN ABSOLUTELY NECESSARY. When there is no emergency, confidential/medical record information must be sent through normal channels such as regular mail.
- E. No personal material will be sent or received on the Behavioral Health Department FAX machines.

III. PROCEDURE

- A. Is there client information in what you are about to fax? Do you need a valid authorization to release this confidential information? If so, this is medical record information. Have your clinic's medical record clerk handle this FAX-release or contact a Medical Record clerk at BHRC, 421-9350.
- B. Always use a FAX COVER SHEET. See the DBH approved sample on Attachment 1.

- C. When FAXing Confidential Information, phone the contact person before you send the FAX. Inform them that you will now FAX the information. Ask them to call you if it does not arrive in the specified length of time.

**DO NOT FAX CONFIDENTIAL INFORMATION UNTIL YOU VERIFY THAT THE
CONTACT PERSON IS READY TO RECEIVE IT!**

/cjh \spm\pendspm\memo 16\02-01 40 doc

S A M P L E FAX COVER SHEET

SAN BERNARDINO COUNTY – DEPARTMENT OF BEHAVIORAL HEALTH

(your clinic's name here)

(your address here)

FAX COVER SHEET -CONFIDENTIAL

Date:	No. of pages including this one:
TO:	FROM:
ADD:	CO./DEPT.
TEL:	TEL:
FAX:	FAX:

PLEASE CALL IMMEDIATELY IF ALL PAGES HAVE NOT ARRIVED

COMMENTS:

INFORMATION NOTE ONLY. THE STATEMENT BELOW THIS BOX MUST BE INCLUDED ON ANY DBH FAX COVER SHEET! This shows a REASONABLE ATTEMPT TO PROTECT the Confidentiality of the Information we are faxing. You may reduce it to an 8 font.
Do NOT include this "box" on your fax cover sheet.

This information has been disclosed to you from records, which prohibit you from making any further disclosure without the specific written consent of the person to whom it pertains.

42 CFR CA W & I Code 5328

This report is strictly CONFIDENTIAL and is only for the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person, including the patient.

If you are not the person named as the appropriate recipient of this information or the agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and any review dissemination, distribution, or copying of this message is strictly prohibited. If you have received this document in error, please notify us immediately by telephone, and mail the original fax transmission to us. We will repay your expenses upon request. Thank you.